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26252 7590 06/23/2004

**KELLY BAUERSFELD LOWRY & KELLEY, LLP**  
**6320 CANOGA AVENUE**  
**SUITE 1650**  
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Aaron T. Borrowman

(Depositor's name)

(Signature)

08-23-2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/851,356	05/08/2001	Robert B. Citron	PSMED-39755	2383

TITLE OF INVENTION: SURGICAL TRIMMING TOOL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MANAHAN, TODD E	3732	060-083000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Aaron T. Borrowman

Kelly Lowry &amp; Kelley, LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MEDTRONIC, INC.

Minneapolis, Minnesota USA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies ten (10)

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01 FC:1501

1330.00 OP

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